

# SCAFP Summer Break Away & Annual Assembly ~ June 4-7, 2026

## Registration Form

Name: \_\_\_\_\_ Office #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Spouse/Guest Name (if attending - for badge): \_\_\_\_\_

Children's Name/Ages (if attending - for badge): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_

Date of Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_ AAFP ID Number: \_\_\_\_\_

Do you have any special needs that require specific accommodation in order to participate?  Yes  No  
 If yes, please notify us by 5/7/2026 so that someone from the SCAFP Office can contact you in order to receive services.

**Registration**

The **registration fee includes** the continuing medical education (including the **Opioid Prescribing course**), online syllabus, access to the Exhibit Hall, Refreshment Breaks and Continental Breakfast, Mix & Mingle Lunch and Installation Luncheon.

**Please Check Appropriate Fee:**

	Registration Fee	Total
<input type="checkbox"/> SCAFP/AAFP Physician Member	\$ 400	\$ _____
<input type="checkbox"/> SCAFP New Active Member (or 1st year in practice)	\$ 295	\$ _____
<input type="checkbox"/> SCAFP Board Member	\$ 295	\$ _____
<input type="checkbox"/> SCAFP Life Member	\$ 175	\$ _____
<input type="checkbox"/> Non-Member Physician	\$ 450	\$ _____
<input type="checkbox"/> APRN, or PA	\$ 400	\$ _____
<input type="checkbox"/> SCAFP Resident member <b>or</b> <input type="checkbox"/> SCAFP Student Member*	\$ 25	\$ _____
(*registration fee does not include activities or events, tickets must be purchased for Activities/Events)		
<input type="checkbox"/> I wish to <b>only</b> attend the <b>2-hour substance course</b> and not the entire conference. Prescribing & Monitoring Controlled Substances : <b>2 Hour Course ONLY - Saturday June 6<sup>th</sup></b> .	\$ 75	\$ _____

**Activities/Events**

<input type="checkbox"/> KSAs Working Group (Thursday 2-6PM) – <b>Care of Women</b>		
<input type="checkbox"/> Conference Attendee \$195	<input type="checkbox"/> <b>KSA ONLY</b> for Non-Conference Attendee \$250	\$ _____
<input type="checkbox"/> WORKSHOP- <b>Nexplanon Training</b> (Friday 3:15-5:15PM)		
<input type="checkbox"/> Conference Attendee \$75	<input type="checkbox"/> <b>WORKSHOP ONLY</b> for Non-Conference Attendee \$100	\$ _____
<input type="checkbox"/> Past Presidents Breakfast (Fri) <b>must be an SCAFP Past President</b>		\$ <u>  N/C  </u>
<input type="checkbox"/> Mix & Mingle Luncheon (Fri.) <b>Registrant ticket COMP</b> (ticket must be requested) (No Guest tickets available)		\$ <u>  N/C  </u>
<input type="checkbox"/> Family Fun Night (Fri.) <b>Fiesta Night</b>	<input type="checkbox"/> Adult Tickets \$44 # _____	\$ _____
	<input type="checkbox"/> Child Tickets (ages 3-10) \$30 # _____	\$ _____
<input type="checkbox"/> Installation Luncheon (Sat.) <b>Registrant ticket COMP</b> (ticket must be requested)		\$ <u>  N/C  </u>
<input type="checkbox"/> Additional Luncheon tickets \$40 Adult Tickets # _____ \$25 Child Tickets # _____		\$ _____

**Grand Total \$ \_\_\_\_\_**

Payment By Check: Check # \_\_\_\_\_ (Payable to SCAFP)

Online Credit Card Payments: Scan the QR Code or download the link below

We accept: MasterCard, VISA, Discover, AmerEx

**download <https://buy.stripe.com/3cs5mM7MpaCp1qw4gi>**



**CANCELLATION POLICY:** Refunds, minus an administrative fee, will be made upon written request to the SCAFP office if received by May 4, 2026. After that date, no refunds will be given.

**LIABILITY RELEASE:** I waive and release any and all rights and claims for damages I may have against the SCAFP, its employees and representatives, for damages incurred during the course of this meeting realizing that the SCAFP staff has taken reasonable precautions to ensure my safety.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed form to: SCAFP • PO Box 312 • Laurens, SC 29360 | Fax (864) 984-5666 | email: [info@scafp.org](mailto:info@scafp.org)**